FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026164 (2)**

1. Corporation Name

PROPERTY OWNERS OF BRIARWOOD INC.

Principal Place of Business	Mailing Address
800 BRICKELL AVE SUITE 902 MIAMI FL 33131	800 BRICKELL AVE SUITE 902 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0391715** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WALDMAN, GLEN H
800 BRICKELL AVE
SUITE 902
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: PAUL BERLIN
82 Street Address (P.O. Box Number is Not Acceptable): 12901 SW 15 Ct [redacted]
83: Apt V 212
84 City: Pembroke Pines, Fl FL 85 Zip Code: 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paul Berlin _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BERLIN, SOPHIE	1.2 NAME	
STREET ADDRESS	12901 SW 15 CT #V212	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBRIKE PINES FL 33026	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, TONY	2.2 NAME	
STREET ADDRESS	5851 HOLMBERG RD #2615	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BERLIN, PAUL	3.2 NAME	
STREET ADDRESS	12901 SW 15 CT #V212	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ADELMAN, DAVID DR	4.2 NAME	
STREET ADDRESS	16880 NE 10 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MENCELS, MICHAEL	5.2 NAME	
STREET ADDRESS	PO BOX 770245 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	CASPER, CHARLES	6.2 NAME	
STREET ADDRESS	11821 NW 29 MANOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/26/95 (305)944-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D130044 CP